



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

19 STANIFORD STREET • 2ND FLOOR, BOSTON, MA 02114
PHONE: 617-626-6960 • FAX: 617-626-6965 • www.mass.gov/dols

ASBESTOS TRAINING PROVIDER APPLICATION

(In accordance with the provisions of M.G.L. c. 149, § 6-6F ½ and 453 CMR 6.00)

- ☐ Initial Application
☐ Renewal Application
☐ Duplicate Application/Issue

License # _____
Date _____
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

Section I: APPLICANT INFORMATION

Applicant or Business Name _____

Telephone Number (____) _____ FAX _____

E-mail address: _____ Website Address: _____

Applicant or Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Federal Identification Number OR Social Security Number _____

Section II: REQUIRED INFORMATION & ATTACHMENTS *Provide information below and attach the following:*

1. (A) ☐ If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the applicant is located.
- (B) ☐ If applicant is a Corporation or LLC:
- **Organized in MA in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Sec. of the Commonwealth's Office.*
 - **Organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - **Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of Good Standing. *Secretary of the Commonwealth's Office: One Ashburton Place., Boston, MA 02108-1512; Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm
- (C) ☐ Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.

2. Training course(s) set forth in 453 CMR 6.10 which you intend to offer:

Worker Initial		Supervisor Initial		Project Designer Initial	
Worker Refresher		Supervisor Refresher		Project Designer Refresher	
Worker Spanish Initial		Inspector Initial		Management Planner Initial	
Worker Spanish Refresher		Inspector Refresher		Management Planner Refresher	
Project Monitor Initial		Project Monitor Refresher		Associated Project Worker Initial	

3. If the applicant has employees, evidence that the Asbestos Training Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program must be provided with the application. Certificates of Insurance must include the assigned policy number, or other indication that asbestos training operations are covered under the policy, and list the Department of Labor Standards with current address as the certificate holder. If the applicant has no employees, a notarized statement to that effect must be submitted with the application.
4. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
5. A sample agenda for each training course which the applicant intends to offer, which shows topics covered and the amount of time to be given to each topic.
6. A copy of the training manual and all printed material to be distributed in each course.
7. A description of the teaching methods to be employed, including audio-visual aids.
8. A description of the hands-on training to be provided (where required), including protocols for instruction, training methods, numbers of students to be accommodated, and ratio of students to instructors.
9. A description of the equipment that will be used in both classroom lectures and in hands-on training.
10. A list of the names and qualifications of the persons who will provide the training in each course, including their education, training, and experience.
11. An example of the written examination to be given in each course.
12. A list of the tuition or other fees required.
13. A copy of the certificate of completion to be given to participants. The certificate should conform to the requirements to 453 CMR 6.09 § 3(c), and include the exact location of the training.
14. A list of all states and federal agencies which have certified, accredited or given other forms of approval to the applicant to provide asbestos training, including the name, address and telephone number of the person, department, or agency giving such approval, and copies of all such written approvals received.
15. A statement made under the penalties of perjury by a Responsible Person of the applicant that the applicant will comply with the applicable requirements of 453 CMR 6.00.
16. A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$1,750.00. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do
 PRINT NAME PRINT TITLE

hereby certify, that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 151A, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).

I further state, that all employees to be engaged in Asbestos Work are certified, or will be certified prior to any work being performed by them, pursuant to the requirements of 453 CMR 6.00.

I further state, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signed under the penalties of perjury.

SIGNATURE _____ DATE _____

A certificate as an Asbestos Training Provider is valid for a period of one year. The Director may renew an Asbestos Training Provider certificate upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Department of Labor Standards no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 453 CMR 6.09(1)(a) through (c). The Director may waive the requirement for resubmission of information specified at 453 CMR 6.09(1)(a) where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

Please forward your completed application to:

**Department of Labor Standards
 Licensing & Regulations Unit
 19 Staniford Street, 2nd Floor
 Boston, MA 02114**

(FOR OFFICIAL DLS USE ONLY)

		ITEMS APPROVED BY:		DATE:	
FEE RECEIVED					
WORKERS COMPENSATION					
ART OF ORG/ANNUAL REPORT/DBA					
MANUALS/UPDATES SUBMITTED					
COPIES OF ALL VIOLATIONS					
SERVICES APPROVED		Worker Initial		Supervisor Initial	
		Worker Refresher		Supervisor Refresher	
Worker Spanish Initial		Worker Spanish Refresher		Project Designer Initial	
Project Monitor Initial		Project Monitor Refresher		Project Designer Refresher	
Associated Project Worker Initial		Management Planner Initial		Management Planner Refresher	
		Inspector Initial		Inspector Refresher	
DUA/FSC					
APPL. COMPLETE - OK TO ISSUE					